1.	PLACE OF DEATH			District No. 100	2. USUAL RESIDEN	ICE (Where deceased	lived. If institution:	Residence befor
a. COUNTY				a. STATE Missouri b. COUNTY admission)				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR			Length of stay in 1b	c. CITY OR			Inside Limits	
				town	St.Louis		Yes No	
	HOSPITAL OR		•	l.	ADDRESS			Reside on Far
3.		First		Middle	Lest	4. DATE	Month Day	Year
_	(19pe or print)	Mandy	Ma	rgaret	Goodson	DEATH	rember 10.	1960
1	. sex Female	6. COLOR OR RACE			8. DATE OF BIRTH 3/7/1876	i .	ay) IF UNDER 1 YEA Months Days	R IF UNDER 24
10:						City and state or count	``	WHAT COUNTS
134					E		OF HUSBAND OR WIF	E
						Johr		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?				OCIAL SECURITY NO.	17. INFORMANT	•	Address	
					Vergie Dar	iels <u>,</u> 321	8 So. Jeff	erson
IMMEDIATE CAUSE (4) Hemorrhage from Gastro- intestinal 20								MIERVAL BETWEEN DEA
		DUE TO (I	ract Can	eer of	Colon			more les
	above c stating th	ause (a), } he under-	c)			153.8		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If decessed we disconstitution private in PART III. If decessed we there a pregnancy								
CAT		· · · · · · · · · · · · · · · · · · ·	1 2 1	rioselene	75 17, /TTC	CITO SCIEN		No Unki
CERTIFIC	19. WAS AUTOPS	20a. ACCIDENT SUICID	E HOMICIDE	20b. DESCRIBE HO	W INJURY OCCURRED	. (Enter nature of injur		
EDICAL	20c. TIME OF Hour a.m. p.m.	Month, Day, Year			-			
*	WHILE AT WORK	☐ farm, t	OF INJURY (e.g	.; in or about home, : fice bldg., etc.)	20f. CITY, TOWN, OR	LOCATION	COUNTY	STAT
		eased from June	23,195	7 A to Nov	,	•		Sauses stated.
	224 SYCNATURE	8 800 (Deg	ree or title)	'D	22b. ADDRESS 36.10 80	Ra and a	log my	
1			· • 1		JULIU NO.	1	. W.A.M.I.I.	1110010
	13 13 15 15 15 15 15 15 15 15 15 15 15 15 15	b. CITY (If outside cor OR TOWN St. c. FULL NAME OF (IF I HOSPITAL OR INSTITUTION 32] 3. NAME OF DECEASED (Type or print) 5. SEX Female 10a. USUAL OCCUPATION during most of workin-HOUSEW 11e 13a. FATHER'S NAME 11iam Smith 15. WAS DECEASED EVER (Yes, no, or unknown) (If I NO I	b. CITY (if outside corporate limits, give TOWN OR TOWN St.Louis c. FULL NAME OF (if NOT in hospital, give local HOSPITAL OR INSTITUTION 3218 (rear) So.J 3. NAME OF DECEASED First (Type or print) Mandy 5. SEX 6. COLOR OR RACE Female White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE 13a. FATHER'S NAME 11iam Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wer or dates of NO. 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (Conditions, If any, which gave rise to above cause (a), stating the underlying cause lest. DUE TO (Conditions, If any, which gave rise to above cause (a), stating the underlying cause lest. DUE TO (Conditions, If any, which gave rise to above cause (b), stating the underlying cause lest. DUE TO (Conditions, If any, which gave rise to above cause (b), stating the underlying cause lest. DUE TO (Conditions, If any, which gave rise to above cause (b), stating the underlying cause lest. DUE TO (Conditions, If any, which gave rise to above cause (b), stating the underlying cause lest. DUE TO (Conditions, If any, which gave rise to above cause (b), stating the underlying cause lest. DUE TO (Conditions, If any, which gave rise to above cause (c), stating the underlying cause lest. DUE TO (Conditions, If any, which gave rise to above cause (c), stating the underlying cause lest. DUE TO (Conditions, If any, which gave rise to above cause (c), stating the underlying cause lest. DUE TO (Conditions, If any, which gave rise to above cause (c), stating the underlying cause lest. 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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT hying cause last. DUE TO (c) PERFORMED? PERFORMED? 19. WAS AUTOPS PERFORMED? PERFORMED. TO PLACE OF INJURY (e.g.; in or about home, farm, factory, street, office bidg., etc.) TO NOT WHILE AT WORK 11. I strended the deceased from June 23, 1957 To NOT WHILE AT WORK 12. I strended the deceased from June 23, 1957 To NOT WHILE AT WORK 13. MARDINE 1. MARTINE TO DEAT DEAT DEAT DEAT DEAT DEAT DEAT DEAT	B. CITY (If outside corporate limits, give TOWNSHIP only) Length of stey in 1b OR TOWN St. Louis C. CITY OR TOWN St. Louis C. CITY OR TOWN St. Louis C. FULL NAME OF (If NOT in hespital, give location) Inside Limits ADDRESS C. FULL NAME OF (If NOT in hespital, give location) Inside Limits ADDRESS C. FULL NAME OF (If NOT in hespital, give location) Inside Limits ADDRESS C. FULL NAME OF DECEASED First Middle Last ADDRESS Mandy Margaret Goodson S. SEX G. COLOR OR RACE T. Married Never Married S. DATE OF BIRTH Widowed S. Divorced T. 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IMMEDIATE CAUSE OF DEATH (forer only one cause per line for (a), (b), and (c). 16. CAUSE OF DEATH (forer only one cause per line for (a), (b), and (c). 17. INFORMANT NON 18. CAUSE OF DEATH (forer only one cause per line for (a), (b), and (c). 19. WAS DECEASED EVER IN U.S. ARMED FORCES? IMMEDIATE CAUSE BY: INDIFFERSIONAL IS CONTRIBUTING TO DEATH but not related to the temperature of injury per of the longer line to above cause (a), the state of the underlying cause last. DUE TO (c) PART II. 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Jefferson NSTITUTION 3218(rear) So. Jefferson No Jefferson S. NAME OF DECASED First Mandy Margaret Goodson OFATH. November 10. S. SEX A. COLOR OR RACE White White White Town November 10. S. SEX A. COLOR OR RACE White White Town November 10. S. SEX A. COLOR OR RACE T. Married Never Married S. Divorced J. DATE OF SIXTH S. ADTE

STATEMENT BY LICENSED EMBALMER

Licensed Embalmer No. 4/08

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalm
or by	, Student Embalmer No
working under my personal supervision.	
StudentSignature of Student Embalmer	_ Signed John Hairie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If embalmed by a STUDENT, he also shall sign in his OWN handwrift fifthis body is not embalmed, fact should be so stated above.